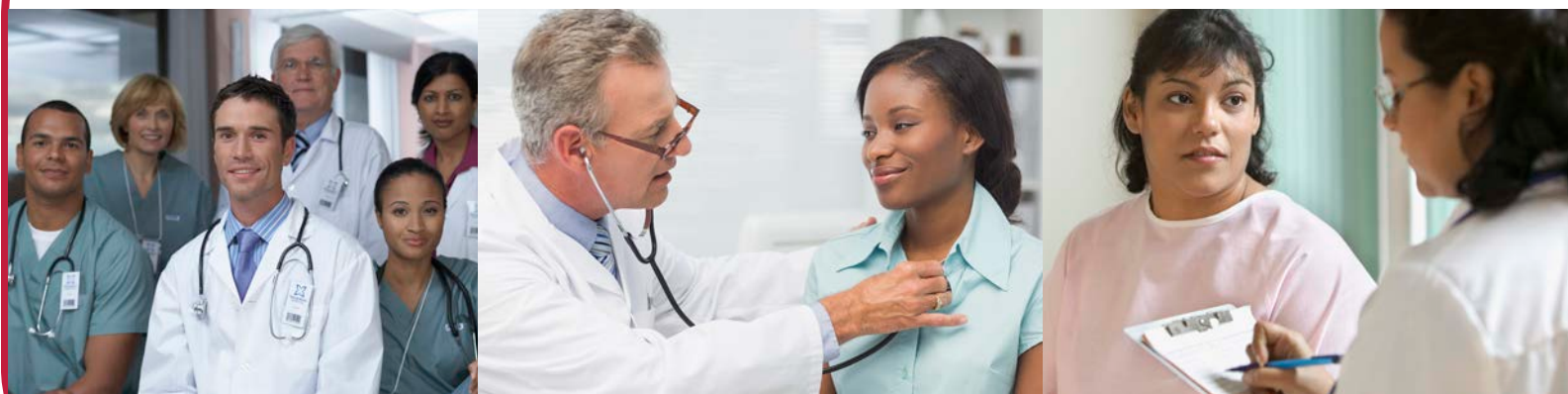


# Evidence-Based Management of Sickle Cell Disease

Expert Panel Report, 2014: Guide to Recommendations



**U.S. Department of Health and Human Services**  
National Institutes of Health  
National Heart, Lung, and Blood Institute

[www.nhlbi.nih.gov](http://www.nhlbi.nih.gov)

## Chapter 3: Managing Acute Complications of Sickle Cell Disease

4. In children and adults who have had a stroke, initiate a program of monthly simple or exchange transfusions.  
**(Moderate Strength, Low-Quality Evidence)**
5. In children and adults who have had a stroke, if it is not possible to implement a transfusion program, initiate hydroxyurea therapy.  
**(Moderate Strength, Low-Quality Evidence)**

### Multisystem Organ Failure

1. In people with SCD who exhibit severe deterioration during a VOC, immediately evaluate for potential MSOF.  
**(Consensus–Panel Expertise)**
2. In people with SCD and respiratory failure, support respiratory status with supplemental oxygenation and mechanical ventilation when needed.  
**(Consensus–Panel Expertise)**
3. Use renal replacement therapy (e.g., hemodialysis) when needed for acute renal failure.  
**(Consensus–Panel Expertise)**
4. In people with SCD and MSOF, immediately initiate either simple or exchange transfusion in consultation with a sickle cell expert or hematologist.  
**(Consensus–Panel Expertise)**